


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90041 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852249

1. Corporation Name
THE LTV CORPORATION

Principal Place of Business 200 PUBLIC SQUARE ATTN: CORP TAX CLEVELAND OH 44114-2308 US	Mailing Address 200 PUBLIC SQUARE TAX DEPT., STE. 39209 CLEVELAND OH 44114-2308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/18/1982	4. FEI Number 75-1070950	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HOAG, DAVID H.	
STREET ADDRESS	200 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MORAN, GLEN	
STREET ADDRESS	200 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	KELLY, J. PETER	
STREET ADDRESS	200 PUBLIC SQUARE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOB, JOHN E.	
STREET ADDRESS	200 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44114	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	HUGE, ARTHUR W.	
STREET ADDRESS	200 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICKER, WILLIAM H.	
STREET ADDRESS	200 PUBLIC SQ.	
CITY-ST-ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VICE PRESIDENT-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S. KUREK, JOHN C.	
1.3 STREET ADDRESS	200 PUBLIC SQ	
1.4 CITY-ST-ZIP	CLEVELAND OH	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILL KELLY **REQUIRED ASST CONTROLER** 3-24-99 (916)622-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034.(11/98)